

# **CAIRS**

## **Direct Data Entry**



**Training Module**  
**Version 2.0**

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## INTRODUCTION

Welcome to the CAIRS Direct Data Entry (CDDE) Program. This new CAIRS online input module will allow you to enter accident and exposure information through a graphical user interface, thus eliminating the need to send hard copy documents to the CAIRS Data Coordinator.

The training for the online data entry program consists of the following:

- Tutorial – to acquaint you with features and processes of the CAIRS online data entry program
- Scenarios – a set of sample case accident case information, which is provided for new users to enter into the training database.

To get started, you will need access to the training database. If you are not registered to access the training database, contact the ES&H Helpline at (800) 473-4375 to register. Once you receive your user-id and password, you will first want to access the online tutorial. Go to <https://cairstest.eh.doe.gov/caris/help/tutorial/Tutorial1.html>. Login and follow the directions shown. We have included a printed copy of this tutorial as Appendix A to this document. Appendix B to the document is a “Quick Reference for CAIRS Direct Data Entry.” This should be beneficial both initially and as you become familiar with how to add/modify/print cases in the CAIRS online input module.

Upon completing the step-by-step instructions provided in the tutorial, you should be familiar with the basics of how CDDE works and will be ready to enter the sample accident cases into the training database. The sample accident cases are in Appendix C. The training database is located at <https://cairstest.eh.doe.gov/cairs/admin/input/cairsinput.asp>. You can enter the sample cases at your own pace and can save both completed and partially completed cases. The information you enter into the training database will remain in this database until your online training is complete. After you have entered the cases into the CAIRS training database, or at any time during your online training, you can submit your comments, suggestions, or questions by E-mail to [CAIRS\\_Support@EH.DOE.GOV](mailto:CAIRS_Support@EH.DOE.GOV). When you have completed the online training and are ready to begin using CAIRS Direct Data Entry to submit accident reports for your organization, please submit your request by E-Mail to [CAIRS\\_Support@EH.DOE.GOV](mailto:CAIRS_Support@EH.DOE.GOV) or phone the ES&H Helpline at (800) 473-4375.

The user’s manual is available online and can be printed from the following webpage: <https://cairstest.eh.doe.gov/cairs/help/tutorial/Downloaddoc.html>. If you have any additional questions not covered in the documentation, call the ES&H Helpline at (800) 473-4375.

## APPENDIX A: TUTORIAL

This CAIRS Direct Data Entry tutorial is located at <https://cairstest.eh.doe.gov/cairs/help/tutorial/Tutorial1.html>.

### **Tutorial Directions:**

1. Print out this page so you will have a copy of these directions and the sample case below.
2. Click the Enter Tutorial Form button at the bottom of this page.
3. If you are experienced at filling out the Form 5484.3 on paper, you can complete the data entry screen in the same manner. Enter the information in the appropriate spaces in the data entry window. When a field includes a down arrow, click it to view your choice for that field. Remember that you can always click underlined words and phrases to obtain Help and to see choices for the Accident Characteristic codes.
4. If you are not experienced at completing the Form 5484.3, there are complete step-by-step instructions. First, print these directions and then click here.
5. When you are finished entering the complete case, click the **Print** button on your browser to print out your completed entry. Then click the Back button on your browser to return to this page.
6. Click the **View Sample Input** button at the bottom of this page to print out a sample of a correctly completed form for the above accident. Compare your entries with the sample. Your narrative will not be exactly the same, but all of the same information should be included.
7. Click the **5484.3** button to view a completed 5484.3 form for the accident. You may print this form by using the Print button on your browser if desired.

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### **Sample Case:**

Safety Supervisor Joyce Linder, who completed the investigation on June 20, 2001, submitted the following information to you. She can be reached at 555-1111.

Al Marks, ID number 999001234, is the Assistant Director of the ES&H Program Office, in Department 02. He has been employed here since August 15, 1971. He lives at 5 Main Street, Anytown, Maryland.

He was walking to his car across the street from his office in building 29 to go to a meeting in another building. He was in a rush and preoccupied and he slipped on the steps and fell at the curb. It was raining and the pavement was wet and slippery when he landed in the driveway. He caught himself by putting out his hands and injured both wrists. The employee was transported and admitted to General Hospital in Anytown, MD.

He was treated by Dr. Joe Know for a sprained left wrist and a fracturing right wrist. The fracture required outpatient surgery. He was out of the office for 20 workdays and then restricted to half time for the next 15 while he went to physical therapy. He may need additional time off for more therapy.

Mr. Marks works from 7 a.m. to 3:30 p.m. The accident occurred at 11:15 a.m. on March 13, 2001. He was born on June 20, 1950. The safety director discussed this incident with Mr. Marks and reminded him of the importance of being alert and observant of environmental conditions.

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## Step-by-Step Tutorial Instructions:

1. Make sure you have printed a copy of the sample case so that you can follow the source of the information as you enter it (see previous page).
  2. Open your browser and, in the location field, enter **<https://cairstest.eh.doe.gov/cairs/admin/input/cairsinput.asp>**.
  3. Log onto the system using your user name and password. This will open the Input Center page.
  4. Click the **Add New Case** button. This will open a new Case Entry page.
  5. The CAIRS Case input frame opens on the left side of the screen and the Help frame opens on the right. Notice the organization(s) for which you are authorized to enter data are available to you in the Organization field.
  6. This Injury case involves only your organization, so click the **Next Page** button now. New Injury Case will open in the left frame. Help text will be displayed on the right.
- 

### General Information Section

1. Notice that the Organization code and Accident Type from the previous screen are transferred here. The system has automatically entered the next available case number. If necessary, this number can be changed.
  2. Click the arrow to the right of the **Program Office** field and select **Environment, Safety, and Health** from the drop-down list.
  3. In the **Department, Division, or ID Code** field, type **02**.
  4. Enter the **Occurrence Date, 20010313**.
  5. Select the **Accident Time (11)** and **Time Employee Began Work (07)** from the corresponding drop-down lists.
  6. Make sure the choices are correct for **Accident Occurred** and **On Employer's Premises**.
  7. In the **Specific Location** field, enter **Front steps of Bldg. 29**.
  8. The One Line Description will be generated by the system when you save the completed case.
- 

### Employee Information Section

1. Enter the Employee's Last and First Name (**Marks, Al**) in the corresponding fields.
  2. In the **Home Address** field, enter **5 Main Street, Anytown, MD**
  3. Enter the **S.S./I.D. Number, 999001234**
  4. Enter the **Date of Birth, 19500620** (if you enter a date of birth, the system will calculate the age and fill in the Age field for you).
  5. You will notice that **Male** is the default for Gender, so it is already entered for this case.
  6. In the **Job Title** field, enter **Asst. Director**
  7. Click the word Occupation to display a list of choices in the Help frame. Click the link for **0000 Managerial and Professional Specialty Occupations**. A sub-list of choices will then be displayed. Click **0100 Executive, Administrative, and Managerial Occupations** to drill down to the next list. Click **0101 MANAGER/ADMINISTRATOR** and the code **0101** will be entered in the Occupation field for you. (Note: You can use the Back button on the browser to return to the previous code listing page, if necessary.)
  8. In the hire date field, type Al's hire date, **19710815** (if you enter a hire date, you do not have to enter Length of Employment).
-

## Injury/Illness Section

1. In the **Workdays Lost** field, enter 20
  2. In the **Workdays Restricted** field, enter 15
  3. Click the drop-down arrow in the **Employee back to work with no further anticipated workdays lost or restricted?** field, and select **No**
  4. Click the **Body Part Injured** link. Drill down the appropriate codes for a wrist injury (Hint: your final selection should be 3201—start at 3000 and drill down through the levels of codes)
  5. Click the **Nature of Injury** link. Drill down the appropriate codes for a fracture (Hint: your final selection should be 0012)
  6. In the **Name and address of health care provider:** field, enter **Dr. Joe Know, General Hospital**
  7. In **If hospitalized, name and address of hospital:** field, enter **General Hospital, Anytown, MD**
- 

## Equipment/Hardware/Vehicle Involved Section

1. Click the **Source** link. Drill down the appropriate codes for a curb (Hint: your final selection should be 6209)
  2. Click the **Other material, substance or equipment:** link. Drill down to find **Rain** (Hint: 9307)
- 

## Narrative Guide Section

1. In the **Activity** field, enter a description: **The employee was walking to his vehicle en route to attend an offsite meeting. He tripped and fell at the curb into the driveway in front of building.**
  2. Enter or select the **Activity Code: 1001**
  3. In the **Equipment/Materials/Chemicals** field, enter **None.**
  4. In the **Events** field, enter a complete sequence of events: **It was raining and the employee was walking fast, trying to get to his vehicle. He slipped on the wet pavement. He fell and landed in the driveway. The employee was transported to General Hospital where he had outpatient surgery as a result of the injury. He sprained his left wrist and fractured his right wrist.**
  5. Click the **Loss Event** link and select the appropriate code for the event (you decide this time)
  6. Click the radio button for the direct cause: **Employee** because of employee inattention to environmental conditions
  7. Click the check box for an indirect cause: **Weather** because of rain
  8. In the **Conditions** field, type: **Raining, wet pavement.**
  9. In the **Actions** field, type your comment: **Employee was in a rush and preoccupied as he left the building.**
  10. In the **Factors** field, type: **Employee not paying attention.**
  11. In the **Actions Taken** field, enter: **The safety director discussed this incident with the employee and reminded him of the importance of being alert and observant of environmental conditions.**
  12. In the **Actions Recommended** field, enter: **None**
  13. Enter the name **Joyce Linder** in the **Accident Investigator** field.
  14. Enter **20010620** in the **Signature Date** field.
  15. Enter **555-1111** in the **Investigator Telephone** field.
  16. In the **Official Position** area, select the **Supervisor** radio button.
  17. Click the **Check Input** button.
  18. If desired, use the Print button on your browser to print the pages for review.
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## **APPENDIX B: QUICK REFERENCE FOR CAIRS DIRECT DATA ENTRY**

## QUICK REFERENCE FOR CAIRS DIRECT DATA ENTRY (CDDE)

### To open Netscape/Internet Explorer:

1. Access the Internet as you would normally, either over a direct Ethernet (network) connection to the Internet or over an Internet connection via an Internet Service Provider.
2. Once you have dialed in or logged on, double-click the Netscape icon on your desktop. If you are using Internet Explorer (IE), click on the IE icon.  
or  
Click the Start button on your taskbar, point to Programs, point to Netscape Communicator, and then click Netscape Navigator. For IE, click on Internet Explorer to open the IE window.

### To access CAIRS Direct Data Entry:

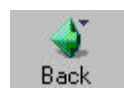
1. In the location field on the Netscape Location toolbar (address field on IE), type <https://cairs.tis.eh.doe.gov/cairs/cairs.asp>  
or  
If you have previously bookmarked the location, you can choose **CAIRS Direct Data Entry** from your Bookmark list (Favorites in IE).
2. When requested, type your **Username** and **Password**. The **Input Center** will open.

### To bookmark your location:

1. On the Netscape Location toolbar, click the **Bookmarks** button. (For IE, click on Favorites.)
2. Click **Add Bookmark**. (For IE, click **Add to Favorites**.) When you return to Netscape (IE) in subsequent sessions, you can access CAIRS Direct Data Entry by clicking the Bookmarks (Favorites) button and then choosing **CAIRS Direct Data Entry** from the list.

### To print:

To print from either Netscape or IE, click the **Print** button on the Navigation toolbar.



### To return to the previous page:

To return to the previous page in Netscape or IE, click the **Back** button on the Navigation toolbar.

### Select the correct Input Center option:

Option	Function
Revise Workspace	Displays CAIRS cases: <ul style="list-style-type: none"> <li>• recordable cases entered into the workspace but not moved to production</li> <li>• all non-recordable cases.</li> </ul> Allows you to see at a glance what cases have been entered, related dates, who performed the data entry, and other pertinent information.
Add New Case	Displays the CAIRS Case Input page from which you can make the appropriate selections to begin data entry.
Revise Production Record	Use this page to search for recordable cases once they have been moved to the production environment. This allows you to access cases in production for update or revision.
Enter/Update Property Valuation	Depending on your access level, you may use this feature to enter and update property and vehicle DOE loss dollar values for claims and reimbursable amounts.
Enter/Update Exposure Data	Depending on your access level, you may use this feature to enter and edit quarterly exposure information for your organization.
Update Organization Information	Use this page to verify or update information for the specific organization.
Data Screening	Use this page to search for accident cases that meet specific criteria. The primary search fields available are: accident year and/or month, accident time, organization, accident type, employee, add date, modification date, or CASE ID.
Tutorial and Documentation	Use this feature to download the CAIRS Direct Data Entry user manual and other CAIRS documentation. You can also take an online tutorial for CAIRS Direct Data Entry.

If you need further assistance, please direct your questions to the ES&H Helpline at (800) 473-4375 or send an e-mail message to [CAIRS\\_SUPPORT@eh.doe.gov](mailto:CAIRS_SUPPORT@eh.doe.gov)

**To begin entering a new case:**

1. In the **Input Center**, choose **Add New Case**.
2. On the CAIRS **Case Input** page, select the correct **Organization code**, if necessary.
3. Enter a **Case Number (YYYYNNN)**.
4. Select the **Accident Type**.
5. For Property Damage cases where an employee is not involved, select **No** in the **Employee Operator?** field.
6. If the accident involves two or more reporting organizations, select **Yes** in the **Multi-Org** field. Phone the ES&H Helpline at (800) 473-4375 to request a multiple case number.
7. Click the **Next Page** button to create a new case report based on the information you have entered.

**General tips for case entry:**

- **Case Number** is a unique 7 digit case number. The first four digits of the case number are the current year, which is followed by a case number (e.g., 2001099, represents case number 99 for the year 2001).
- If there is a down arrow next to a text entry box, click the arrow to select from a list of available choices.
- If a field name is underlined, click it to display Help. Either explanatory text or a list of the choices for this field will display in the Help frame on the right side of the window. Click the appropriate choice to see sub-choices in that category. When you click a code at the lowest coding level, it will automatically be entered in the field. Use the Back button to return to a higher tier in the list.
- If a multi-case incident involves only your organization, enter a unique Multi-Case Number for this case and all other cases associated with the accident. Multi-Case Numbers should be sequential within a year (e.g., 01 for the first Multi-Case Number for the year, then 02, etc.).
- If double-quotes are used around a word ("any word") when entering information in any description field, the data will contain an error; use single quotes ('any word') instead.

**To enter an injury/illness case:**

The following fields are **required** to enter an injury/illness case. Fields followed by an \* may be left blank if **Yes** is selected in the **Have Data Specialist Finish Coding?** field at the bottom of the form.

Illness/Injury Mandatory Field Name	Description/Comment
Department, Division, or ID Code	Enter appropriate information.
Occurrence Date	Populated with current date; change to occurrence date as necessary.
Accident Time	Default is current time; enter time to nearest hour (Military Time).
Specific Location	Describe the specific location of the accident.
Name (Last, First, MI)	Enter appropriate information.
S.S./I.D. Number	Enter number with no dashes.
Date of Birth or Age	Enter either one of these (enter date as YYYYMMDD).
Job Title	Enter appropriate information.
Occupation*	Identifies the generic occupation of the employee involved in the accident/incident; enter appropriate code.
Hire Date or Length of Employment	Enter either one of these.
OSHA Classification Code	Select appropriate item from drop-down box (appears only for illness cases).
Employee back to work with no further anticipated workdays lost or restricted?	Choose Yes or No.
Body part injured*	Identifies the part of the body that was directly affected by the injury or illness; enter appropriate code.
Nature of injury/illness*	Identifies the specific nature of the injury or illness; enter appropriate code.
Source*	Identifies the object, substance, bodily motion, or exposure that produced or inflicted the injury/illness; enter appropriate code.

<b>Illness/Injury Mandatory Field Name</b>	<b>Description/Comment</b>
Activity	Describe the activity in progress at time of accident—be specific.
Activity Code*	Identifies the primary activity that was in progress at the time of the occurrence; enter appropriate code.
Events	Beginning with initiating event and ending with the nature and extent of injury/damage, list any objects or substances involved and describe how they were involved.
Loss Event Code*	Describes the manner in which the injury or illness was produced or inflicted by the source of injury or illness; enter appropriate code.
Accident Causes--Cause directly related to	Select one.
Accident Causes: a. Conditions	Describe the conditions that existed at the time of the accident (the specific control factors that were or may have been the direct or immediate cause or causes of the accident).
Accident Causes: b. Actions	Describe the actions on the part of the employee that contributed to the occurrence of the accident/incident.
Accident Causes: c. Factors	List the influencing factors or underlying causes (conditions or actions or both) that contributed to the accident/incident.
Corrective Actions: a. Actions Taken	Describe actions taken to prevent recurrence of accident/incident.
Corrective Actions: b. Actions Recommended	Describe corrective actions planned by line management that require time for implementation.
Accident Investigator (Name)	Enter Accident Investigator's name.
Accident Investigator (Signature Date)	Enter appropriate date (YYYYMMDD).
Accident Investigator (Telephone)	Enter Accident Investigator's phone number.
Official Position	Select/Enter title of Accident Investigator.

### **To enter a vehicle case:**

The following fields are required to enter a vehicle case. Fields followed by an \* may be left blank if **Yes** is selected in the **Have Data Specialist Finish Coding?** field at the bottom of the form.

<b>Vehicle Case Mandatory Field Name</b>	<b>Description/Comment</b>
Department, Division, or ID Code	Select/enter code.
Occurrence Date	Populated with current date; change to occurrence date as necessary.
Accident Time	Default is current time; enter time to nearest hour (Military Time).
Specific Location	Describe the specific location of the accident.
Date of Birth or Age	Enter either one of these.
Job Title	Enter appropriate information.
Occupation*	Identifies the generic occupation of the employee involved in the accident/incident; enter appropriate code.
Experience on Job/Equipment	Select appropriate information.
Vehicle Type	Identifies the type of vehicle involved; enter appropriate code.
Activity	Describe the activity in progress at time of accident—be specific.
Activity Code*	Identifies the primary activity that was in progress at the time that the accident occurred; enter appropriate code.
Events	Beginning with initiating event and ending with the nature and extent of damage, list any objects or substances involved and describe how they were involved.
Loss Event Code*	For vehicle accidents, this field identifies the event or exposure that primarily caused or contributed to the accident; enter appropriate code.
Accident Causes/Causes directly related to	Select one.
Accident Causes: a. Conditions	Describe the conditions that existed at the time of the accident (the specific control factors that were or may have been the direct or immediate cause or causes of the accident).
Accident Causes: b. Actions	Describe the actions on the part of the employee that contributed to the occurrence of the accident/incident.
Accident Causes: c. Factors	List the influencing factors or underlying causes (conditions or actions

Vehicle Case Mandatory Field Name	Description/Comment
	or both) that contributed to the accident/incident.
Corrective Actions: a. Actions Taken	Describe actions taken to prevent recurrence of accident/incident.
Corrective Actions: b. Actions Recommended	Describe corrective actions planned by line management that require time for implementation.
Accident Investigator (Name)	Enter Accident Investigator's name.
Signature Date	Enter appropriate date.
Accident Investigator (Telephone)	Enter Accident Investigators phone number.
Official Position	Select/Enter Accident Investigator's title.

### To enter a property damage case:

The following fields are required to enter a property damage case. Fields followed by an \* may be left blank if **Yes** is selected in the **Have Data Specialist Finish Coding?** field at the bottom of the form.

Property Case Mandatory Field Name	Description/Comment
Department, Division, or ID Code	Select/enter code.
Occurrence Date	Populated with current date; change to occurrence date as necessary.
Accident Time	Default is current time; enter time to nearest hour (Military Time).
Specific Location	Describe the specific location of the accident.
Date of Birth or Age (if Operator involved)	Enter either one of these.
Job Title (if Operator involved)	Enter appropriate information.
Occupation (if Operator involved)	Identifies the generic occupation of the employee involved in the accident/incident; enter appropriate code.
Experience on Job/Equipment (if Operator involved)	Select appropriate information.
Property Loss Type*	Identifies the cause of the loss; enter appropriate code.
Target of Damage*	For property damage events, this field identifies the item, equipment, or system that was damaged by the accident/incident; enter appropriate code.
Activity	Describe the activity in progress at time of accident—be specific.
Activity Code*	Identifies the primary activity that was in progress at the time that the accident occurred; enter appropriate code.
Events	Beginning with initiating event and ending with the nature and extent of injury/damage, list any objects or substances involved and describe how they were involved
Accident Causes—Cause directly related to	Select one.
Accident Causes: a. Conditions	Describe the conditions that existed at the time of the accident (the specific control factors that were or may have been the direct or immediate cause or causes of the accident).
Accident Causes: b. Actions	Describe the actions on the part of the employee that contributed to the occurrence of the accident/incident.
Accident Causes: c. Factors	List the influencing factors or underlying causes (conditions or actions or both) that contributed to the accident/incident.
Corrective Actions: a. Actions Taken	Describe actions taken to prevent recurrence of accident/incident.
Corrective Actions: b. Actions Recommended	Describe corrective actions planned by line management that require time for implementation.
Accident Investigator (Name)	Enter Accident Investigator's name.
Accident Investigator (Signature Date)	Enter appropriate information.
Accident Investigator (Telephone)	Enter Accident Investigator's phone number.
Official Position	Select/Enter Title of Accident Investigator

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**To validate your input and save the case:**

1. Click the Check Input button to check the entries made to return you to the current case for additional entries.
2. If you are missing information, and the information needed is not available at this time, submit the partially completed form to the Workspace. If you select **Yes** in the **Have Data Specialist Finish Coding?** field at the bottom of the form, make sure all other fields are completed and then **Submit to Workspace**.

**Note:** To avoid losing new cases entered, use the Submit to Workspace button, even if Check Input shows no validation errors.

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**To update or revise a case in the Workspace:**

1. In the Input Center, click the **Revise Workspace** button.
2. In the CAIRS cases in the Workspace page, click the desired case number (CaseID). The case will open to the case page.
3. Enter your revisions.
4. Click the **Submit to Workspace** button to return the case to the Workspace.

or

Click the **Check Input** button to verify that all required fields have been completed. If correct, the **Submit to Production** button will then become active. Then you can click the **Submit to Production** button to save the case to the Production environment.

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**To submit the case to production:**

1. From the Input Center, click the **Revise Workspace** button.
  2. Click the case number to open the desired case.
  3. If all input is completed, the **Submit to Production** button will be available. Click **Submit to Production**.
- 

**To update or revise a case in production:**

1. In the Input Center, click the **REVISE PRODUCTION RECORD** button.
  2. In the CAIRS Case Revision page, specify the information about the case. **Hint:** The more specific information you can specify, the better the chance that CAIRS will isolate that record.
  3. Click the **NEXT PAGE** button.
  4. In the CAIRS Cases in Production page, a list of case(s) that match your criteria will display. If you are not sure which is the correct case, click each CaseID to open and view the case information.
  5. In the **CAIRS Cases in Production** page, enter/revise the **WDL**, **WDLR**, **DLOSS**, and **OLOSS** as necessary and click the **SUBMIT CHANGES** button when done. When complete, click on CaseID to bring up completed case. Then click **UPDATE PRODUCTION RECORD** button to ensure changes take effect.
  6. To make other revisions, click the CaseID. The case will open in the same page as when you input the case.
  7. Enter your revisions.
  8. Click the **UPDATE PRODUCTION RECORD** button.
- 

**To enter exposure data (work hours, vehicle usage only):**

1. From the Input Center menu, select **Enter/Update Exposure Data**.
2. Assure that the organization code, for which you have jurisdiction, appears in the Organization Code field (Note: a “%” is a wild character and signifies access to all organization codes covered by that character. Example: 054% would give access to all codes beginning with 054). If the correct code is not displayed, click the drop-down arrow to view a list of your codes, and click the desired entry.
3. Select the desired **Year** and **Quarter**. Confirm all other desired parameters. (Remember to deselect Property Validation box. The parameters are discussed below.)
  - **Show Data From Previous Quarter** will display the prior data for comparison.
  - **Exposure Code** will let you select entry for only that vehicle-type of data within the selection of what data is to be shown.
  - **Show Workhours** will display the section for entering workhours.
  - **Show Vehicle Usage** will display the section for entering vehicle usage.
  - **Show Property Valuation** will display the section for entering property valuation (deselect).
  - Click the **Next Screen** button.
4. Input exposure information as requested:

- In the **Exposure** field on the line corresponding with the respective organization code, year, and quarter, input workhours to the nearest whole number. **Hint:** You may use the tab key to move between fields.
  - If available, enter the Program Support Office (PSO) code in the **PSO** field and the percent of the hours that are dedicated to work for that PSO (you may enter up to three separate PSO designations).
  - After entering all of the workhours information, proceed to the vehicle usage section, entering the number of conveyances (number of vehicles), the mileage or hours operated (rounded to the nearest whole mile or hour) as appropriate, and any distribution of mileage or hours by PSO code.
5. After entry is complete, click the **Submit Changes** button.
- 

***To enter/update property valuations: (for authorized field organization personnel)***

1. From the Input Center menu, select **Enter/Update Property Valuation**.
  2. Make sure that the **Show Property Valuation** check-box is the only box checked.
  3. Assure that the organization code for which you have jurisdiction, appears in the **Organization Code** field (Note: a “%” is a wild character and signifies access to all organization codes covered by that character. Example: 05% would give access to all codes beginning with 05, representative of all of Albuquerque Operations). If the correct code is not displayed, click the drop-down arrow to view a list of your codes, and click the desired entry.
  4. Select the desired **Year** for input/update of valuation.
  5. Click the **Next Screen** button.
  6. Enter the property valuation in \$1,000s (rounded to the nearest \$1,000) for each of the organizations reporting through the field organization.
  7. When complete, click the **Submit Changes** button.
- 

***To update organization information:***

1. From the Input Center menu, select **Update Organization Information**.
2. Update the allowed fields as necessary.
3. Click the **Update** button at the bottom of the page.

## **APPENDIX C: TEST CASE SCENARIOS**

**SCENARIO 1 - RECORDABLE INJURY CASE**

On the 27th day of last month at 4:00 p.m. George W. Brown (SS# 534-09-7784), a journeyman electrician, received 2nd degree burns to his right hand. George works for the Plant Maintenance Department; at the time of the accident he was in Building 5 Boiler Annex. The employee is 53 years old; this is the first recordable accident that he has had since he joined our company 13 years ago to work as a maintenance electrician.

The Building 5 Boiler Annex is located on the West end of the plant. Insulation on some of the energized steam lines was missing, exposing hot steam lines. No temporary insulation was in place. Furthermore, no signs were in place to warn of the exposed steam lines. George was in the boiler room laying out conduit for installation. As he passed under newly installed de-energized steam lines, he reached out to brace himself, touched a previously existing energized steam pipe, and burned his hand. (Note that there was an accessible crossing point located several feet away.)

George went to the onsite medical unit for treatment of the burns. He was treated by Dr. O'Mygosch and sent home for the remainder of his shift. The next 4 working days he was on restricted work duty; however, he is now back at work performing his normal work duties. The day after the incident, all steam and condensate lines, which had previously been exposed, were immediately covered with temporary insulation; signs and caution tape were erected to alert employees to the hazard.

The accident was investigated by Steve Williams, Safety Professional, immediately following the accident. His phone number is 509-304-2039. George's supervisor, Tim Jones, reviewed accident investigation findings the day following the accident. Mr. Jones notified the cognizant program office official, EH-1. Any questions regarding the incident should be addressed to Mr. Jones. He can be reached at 509-304-0987.

**SCENARIO 2 - RECORDABLE ILLNESS CASE**

On April 24, 2001 at 8:00 a.m., Gary Beck, a Senior Machinist II, reported to the site medical department complaining of "Numbness in fingers at night from hand movement in the workplace. Twisting of wrist and tooling." He decided to report to medical after noting numbness in the fingers of both hands at night. Gary performs machinist duties in the Building 231 Machine Shop. He works with a variety of fixed power tools (including lathes, saws, mills, drill presses, etc.) and hand tools associated with metal work.

Gary also uses a VDT workstation to process work orders and e-mail. His work tasks require that he use his hands and wrists extensively during performance of machine shop work, and he has performed these tasks for about 16 years in a variety of work areas and settings. The onsite physician referred Gary to Dr. Richard Boone (7000 Madison Avenue) for further evaluation. He was diagnosed with carpal tunnel syndrome. Dr. Boone performed outpatient surgery on May 8th. It is estimated that Gary will be away from work for 46 days recuperating from the surgery.

Robert L. Cook, Safety Professional, began the accident investigation May 15th. Robert's phone number is 111-333-9029. Gary's work area was evaluated on May 19th. No abnormal conditions were noted. The controls and set up of both the fixed power machine tools and VDT workstation were typical. However, Gary was not sufficiently aware of the potential for repetitive motion injury to change his work habits and ergonomics. Therefore, it is recommended that employees who work at repetitive motion activities be made aware of the potential for injury/illness and given techniques to minimize the potential for injury/illness at the earliest possible opportunity. George Miller, Gary's supervisor, reviewed investigation findings on May 22. The investigation was closed on that day. George's phone number is 111-333-2839.

Additional personnel information for Gary Beck -

Employee ID Number: AC1928

Date of Birth: 04/09/1951

Employment Date: 02/16/1980

Department Manager: Salvos Quinton, Manufacturing and Materials Engineering Dept.

### **SCENARIO 3 - RECORDABLE VEHICLE ACCIDENT**

On June 1, 2001 (a normal clear day) at 1:00 p.m., a parked security vehicle (1998 Ford pickup truck) rolled down an inclined driveway (approximately 146 feet) and struck a privately owned vehicle. The accident resulted in \$1,700 in damages to the security vehicle (the rear taillight and bumper) and approximately \$900 in damages to the privately owned vehicle (an older Ford Bronco).

A 40 year old, male, security police officer parked the security vehicle near the South entrance door to Building 1-C and went inside the building to get some drinking cups. The vehicle was parked in an unauthorized parking area (Loading Zone). While the employee was inside the building, the vehicle rolled down the slightly inclined driveway and struck a parked, unoccupied Ford Bronco that was parked in the parking area. During the preliminary investigation it was noted the patrol vehicle had the parking brake on, although it was not fully extended and might not have been pushed far enough to prevent the vehicle from rolling. The transmission indicator was pointing to the park position; however, this is an older protective force vehicle, the transmission is a bit sloppy and might not have been fully engaged. There were no injuries involved with this vehicle incident.

The security policy officer has been employed by the company for over 10 years and has performed duties as a security officer the last 4 years of his employment. He was taken to medical for a drug test and was placed on driving restriction until the investigation and corrective actions were completed. In addition, the employee received remedial drivers training and was counseled for failure to follow procedures on parking. The vehicle was taken to a dealership to be evaluated for vehicle brakes and transmission malfunction.

The accident was investigated by Seth Willis (Phone # 208-293-4059), Safety Professional. Mr. Willis provided the final report of the accident to the manager of the security department on June 8, 2001. Additional information concerning the actual cost to repair the privately owned vehicle is not available at this time. Bob Campbell (Phone # 208-293-1029), Plant Security Department Manager, reviewed the accident investigation findings June 8, 2001.

**SCENARIO 4 - RECORDABLE PROPERTY ACCIDENT**

On Monday, May 15th, 2001 at 3:00 p.m., a 48-year-old machinist, who has worked as a crane operator for over 1 year, was pulling a Grove crane into a service bay at Bldg. 63. The extension boom on the crane hit the side of the building. The crane was not damaged; however, the estimated cost to repair the building is \$8,600.

Damage to the building included replacing brick exterior wall on the right side of the service bay. There were no injuries involved in this accident. The extension boom, which is located on the right side of the boom, is not visible from the operator's cab. As the employee was bringing the crane through the doorway, the extension boom hit the building adjacent to the right side of the service bay. The employee failed to ensure clear passage of the extension boom before attempting to enter the service bay area. Procedure manuals require the use of spotters when large equipment is being moved in and out of the service area.

The supervisor discussed the accident with the employee. The employee/operator was disciplined for failure to follow procedures. The supervisor will also conduct a shop safety meeting (scheduled for June 1) to discuss this incident with all employees.

The accident was investigated by Beth Hansen (Phone # 509-203-4738), Safety Professional, and closed on May 22, 2001, Phil Stacey (Phone # 509-203-2093), TD Department Manager, reviewed the accident investigation findings May 23.

**SCENARIO 5 - RECORDABLE MULTI-CASE ACCIDENT**

On May 18, 2001 at 3:00 p.m., the employee (Alex Cushman) was looking for some papers on the top shelf of a parts storage cabinet located in the Parts Factory. The employee attempted to stand on the bottom shelf of the cabinet to reach the papers on the top shelf. The cabinet and the contents of the cabinet fell forward. The edge of the cabinet struck the employee on the right hand causing a laceration. The loss of products, which were damaged due to the fall, was estimated at \$18,700. Alex (SS# 374-50-1110) has been employed as a machinist for approximately 8 years and is 58 years old. This was the first multiple case for this year.

The employee had retrieved a pair of small production housings from the top shelf of the stainless steel storage cabinet and was looking for the paperwork associated with the parts. The cabinet is 7'X4'X18". The employee is approximately 5 feet tall. He was unable to reach the back of the top shelf and stepped up on the bottom front edge of the cabinet with his right foot in an effort to reach the papers. The weight of the employee caused the cabinet to tip over. Investigation of the incident found that the front edge of the cabinet protrudes out 3 inches from its base. When the employee stepped on the protrusion, it acted like a lever and pulled the cabinet over. The investigation also found the front two support pads of the cabinet had been leveled with paper and metal shims, which affected the cabinet's stability. The investigators noted that a step stool was located in close proximity to the cabinet. The employee did not use the step stool.

The employee was taken immediately to onsite medical evaluation and treatment. He was referred to General Hospital, where Dr. Ben Casey treated him. The physician closed the wound with several stitches, and the employee was released with a prescription for pain medication. The employee was placed on restricted work duty for 10 days. At a follow-up visit to medical on June 1, the stitches were removed and the employee was released from medical. He has returned to his normal duties without restrictions.

The cabinet was taken out of service and secured to a partition to prevent tipping. The cabinets in the adjacent room that were of similar design have also been secured to the floor. Signs have been posted on the cabinets identifying the prohibition of stepping on the cabinet front edge. All employees were briefed on this incident at the weekly safety meeting.

The accident investigation was initiated on the day of the incident by Mark Brown (Phone # 313-782-9901), Safety Professional. The investigation report was finalized on June 1 and forwarded to the Parts Dept. Manager for review. Jason Lamm, (Phone # 313-782-9981), Parts Department Manager reviewed the accident findings, on June 12, 2001.

**SCENARIO 6 - REVISE A PRODUCTION RECORD**

On April 24, 2001 at 8:00 am, Gary Beck, a Senior Machinist II reported to the site medical department complaining of numbness in fingers at night from hand movement in the workplace. Twisting of wrist and tooling. He decided to report to medical after noting numbness in the fingers of both hands at night. Gary performs machinist duties in the Building 231 Machine Shop.

He works with a variety of fixed power tools (including lathes, saws, mills, drill presses, etc.) and hand tools associated with metal work. In addition, he uses a VDT workstation to process work orders and e-mail. His work tasks require that he use his hands and wrists extensively during performance of machine shop work, and he has performed these tasks for about 16 years in a variety of work areas and settings.

He was diagnosed with carpal tunnel syndrome. Richard Boone, MD 7000 Madison Avenue, performed outpatient surgery in May. This illness was previously reported to CAIRS with an estimated 46 lost workdays. Gary returned to work on July 14, resulting in 50 lost workdays. No further loss is anticipated.

### **SCENARIO 7 - DATA ENTRY FOR PROPERTY VALUATION**

The amount of the property valuation for your organization for 2001 is \$115,350,000. (Note that property valuation is entered in thousands - i.e., 115350.)

### **SCENARIO 8 - DATA ENTRY FOR WORK HOURS AND VEHICLE USAGE**

The 2001 first quarter work hours and vehicle usage for your organization are as follows:

Work hours: 145,840

Government car: Number - 100

Miles driven - 432,146

Trucks over 1-ton: Number - 50

Miles driven - 155,051

Helicopters: Number – 4

Hours flown - 472

### **SCENARIO 9 - REVISE ORGANIZATION INFORMATION**

Change the phone number of your organization to (201) 231-0092.